

SERFF Tracking Number:	OCCD-125940066	State:	Arkansas
Filing Company:	Acceptance Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-575		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	/		

Filing at a Glance

Company: Acceptance Casualty Insurance Company

Product Name: Commercial Auto

TOI: 20.0 Commercial Auto

Sub-TOI: 20.0003 Other

SERFF Tr Num: OCCD-125940066 State: Arkansas

SERFF Status: Closed

Co Tr Num: 08-575

State Tr Num: EFT \$50

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Llyweyia Rawlins

Author: Latesha Debnam

Date Submitted: 12/18/2008

Disposition Date: 12/19/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2009

Effective Date Requested (Renewal): 02/01/2009

Effective Date (New): 02/01/2009

Effective Date (Renewal):

03/01/2009

State Filing Description:

General Information

Project Name:

Project Number:

Reference Organization:

Reference Title:

Filing Status Changed: 12/19/2008

State Status Changed: 12/19/2008

Corresponding Filing Tracking Number:

Filing Description:

At this time we wish to file form CO 00 68 09 08

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Latesha Debnam, State Filing Analyst

ldebnam@ofc-wic.com

SERFF Tracking Number:	OCCD-125940066	State:	Arkansas
Filing Company:	Acceptance Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-575		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	/		

702 Oberlin Road	(919) 833-1600 [Phone]
Raleigh, NC 27605	(919) 833-8535[FAX]

Filing Company Information

Acceptance Casualty Insurance Company	CoCode: 10349	State of Domicile: Nebraska
702 Oberlin Road	Group Code: 225	Company Type: Property and Casualty
Raleigh, NC 27605	Group Name: IAT Group	State ID Number: 03
(919) 833-1600 ext. 8164[Phone]	FEIN Number: 47-0792732	

SERFF Tracking Number:	OCCD-125940066	State:	Arkansas
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Company Tracking Number:	08-575		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	/		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acceptance Casualty Insurance Company	\$50.00	12/18/2008	24623185

SERFF Tracking Number:	OCCD-125940066	State:	Arkansas
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Product Name:	Commercial Auto		
Project Name/Number:	/		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/19/2008	12/19/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Effective Dates	Note To Reviewer	Latesha Debnam	12/18/2008	12/18/2008

<i>SERFF Tracking Number:</i>	<i>OCCD-125940066</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acceptance Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-575</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 12/19/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal): 03/01/2009

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	OCCD-125940066	State:	Arkansas
Filing Company:	Acceptance Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	08-575		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	Commercial Auto		
Project Name/Number:	/		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	Monthly Payment Agreement	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>OCCD-125940066</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Acceptance Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-575</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Note To Reviewer**Created By:**

Latesha Debnam on 12/18/2008 04:10 PM

Subject:

Effective Dates

Comments:

The effective date in SERFF is incorrect, the correct new date should be 2/01/2009 and for renewal should be 3/01/2009. The correct date however is included in the cover letter and other correspondance. Sorry for the confusion.

SERFF Tracking Number: OCCD-125940066 State: Arkansas

Filing Company: Acceptance Casualty Insurance Company State Tracking Number: EFT \$50

Company Tracking Number: 08-575

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: Commercial Auto

Project Name/Number: /

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Monthly Payment Agreement	CA 00 68	09 08	Policy/CoveNew rage Form		9.70	CO 00 68 09 08 (3).pdf

POLICY NUMBER:

CO 00 68 09 08

MONTHLY PAYMENT AGREEMENT

Named Insured:

The premium for the policy shown shall be payable to the Company in ____ monthly payments. No finance charge has been added and none will be made for the Monthly Payment Agreement.

____ % down payment is due at inception.

The Named Insured will make the monthly payment when due and in the amount shown below. The Company may cancel the policy in accordance with its terms for non-payment of premium if the Named Insured fails to make any payment when due.

PAYMENT DUE DATE: The ____ day of _____, 20____ and the ____ day each month thereafter for a total of ____ monthly payments.

	Premium	<input type="checkbox"/> Taxes	<input type="checkbox"/> Fees	Total
ESTIMATED ANNUAL PREMIUM	\$ _____	\$ _____		\$ _____
AMOUNT DUE AT INCEPTION	\$ _____	\$ _____		\$ _____
MONTHLY PAYMENT	\$ _____	\$ _____		\$ _____

☐ Changes in the policy involving additional or return premiums will be reflected in an amended Monthly Payment Agreement for the remainder of the months following such changes.

☐ NO change in Monthly Payment. Changes in the policy involving additional or return premiums will not be reflected in an amended Monthly Payment Agreement but will be charged in full at the time of change.

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<i>Product Name:</i>	<i>Commercial Auto</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	12/19/2008
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Comments:

Attachment:

P&C Transmittal.pdf

Satisfied -Name:	Cover Letter	Review Status:	Approved	12/19/2008
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Comments:

Attachment:

AR CO 00 68 09 08.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	IAT Group	0225

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Acceptance Casualty Insurance Company	North Carolina	10349	47-0792732	

5.	Company Tracking Number	08-575
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Latesha Debnam 702 Oberlin Road Raleigh, NC 27605	State Filing Technician	800-525-7486 ext. 3311	(919) 833-8535	ldebnam@ofc-wic.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Latesha Debnam

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	20.0 Commercial Auto
10.	Sub-Type of Insurance (Sub-TOI)	20.0003 Other
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 02/01/2009 Renewal: 03/01/2009

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
16.	Reference Organization (if applicable)			
17.	Reference Organization # & Title			
18.	Company's Date of Filing	12/10/2008		
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed	<input type="checkbox"/> Pending	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	08-575
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text] At this time we wish to file form CO 00 68 09 08
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22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> Check #: N/A Amount: N/A </div> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Acceptance Casualty Insurance Company

702 OBERLIN ROAD, BOX 10800, RALEIGH, NORTH CAROLINA 27605 (919) 833-1600 1-800-7486 (National) 1-800-342-0753 (In N.C.)

December 8, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Acceptance Casualty Insurance Company
FEIN# 47-0792732 NAIC # 10349
Commercial Automobile
Filing # 08-575

Dear Commissioner Bowman,

Acceptance Casualty Insurance Company, a member of IAT Group, is a subscriber of the Insurance Services Office (ISO) and has authorized them to file rules and forms on our behalf, for Commercial Automobile coverage, to the extent permitted by law. At this time we wish to file the following form for our Commercial Automobile Program:

- CO 00 68 09 08 Monthly Payment Agreement

Attached is a copy of the form we are adopting for your review. We wish this form to be effective for new business on February 1, 2009 and March 1, 2009 for renewal business.

If you have any questions, please feel free to contact me at (800) 525-7486 ext. 3311 or by e-mail at ldebnam@ofc-wic.com.

Kind Regards,

Latesha Debnam
Regulatory Compliance
State Filing Technician